

TB-403EFO00125
05-23-08**IDAHO STATE TAX COMMISSION****TAX DISCOVERY BUREAU**

P.O. Box 36 • Boise, Idaho 83722-0036

REQUEST FOR TOBACCO PRODUCT DESTRUCTION

Name of Business	Employer I.D. No.
Address	Permit Number
City, State, Zip	Phone Number

The unusable product is located in the warehouse of _____
Distributor

at _____,
Street Address City, County

The unusable products will be destroyed on _____ at _____ AM/PM. The total wholesale sales
Date Time
price of these products is \$ _____. We will take credit in this amount on our next monthly tax return.

REASON FOR DESTRUCTION

You must attach a credit memorandum from the manufacturer or other documents that establish the wholesale sales price.

METHOD OF DESTRUCTION OF TOBACCO PRODUCTS

Under penalties of perjury, I certify that the above amount is true and correct and that the products have become unusable and will be destroyed on the date and time shown above. I understand that I must have an approved copy of this certificate in my possession before destroying the product(s) identified on this application. I further understand that a representative from the Idaho State Tax Commission may be present to witness the destruction.

Authorized Signature	Title	Date
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Complete the upper portion of this application. Keep one copy. Mail the original and one copy to the Tax Commission **10 days before the proposed destruction date**. Don't destroy the products until you receive the approved original from the Tax Commission.

Attach a copy of the approved original form to the tax report for the month in which the tobacco products were destroyed.

FOR STATE USE ONLY

Approved by	Title	Date
Approved but not witnessed, allowed by Rule 35.01.10.024	Title	Date